

## Notice of Privacy Practices

**A. Joshua Montgomery, D.D.S., P.C. Updated September 9, 2013**

It our desire to communicate to you that we are taking the new federal laws (HIPAA-Health Insurance Portability and Accountability Act) written to protect the confidentiality of your health information seriously. We do not ever want you to delay treatment because you are afraid your personal health history might be unnecessarily made available to others outside of our office.

The most significant variable that has motivated the federal government to legally enforce the importance of the privacy of health information is the rapid evolution of computer technology and its use in healthcare. The government has appropriately sought to standardize and protect the privacy of the electronic exchange of your health information. However, this regulation has challenged us to review not only how your health information is used within our computer, but also with the mail, phone, faxes, copy machines and charts. We believe in your privacy and how it relates to your health information.

We want you to know about these policies and procedures which we developed to make sure your health information will not be shared with anyone who does not require it. Our office is subject to State and Federal law regarding the confidentiality of your health information and in keeping with these laws; we want you to understand our procedures and your rights as our valuable patient.

We will use and communicate the HEALTH INFORMATION only for the purposes of providing your treatment, obtaining payment and conducting health care operations. Your health information will not be used for other purposes unless we have asked for and been voluntarily given your written permission.

Thank you very much for taking time to review how we are carefully using your health information. If you have any questions we want to hear from you.

### **How your HEALTH INFORMATION may be used**

#### **To Provide Treatment**

We will use your HEALTH INFORMATION within our office to provide you with the best dental care possible. This may include administrative and clinical office procedures designed to optimize scheduling and coordination of care between dental personnel, dentist and business office staff. In addition, we may share your health information with physicians, referring dentists, clinical and dental laboratories, providing you treatment.

#### **To Obtain Payment**

We may include your health information with an invoice used to collect payment for treatment you receive in our office. We may do this with insurance forms filed for you in the mail or sent electronically. We will be sure to only work with companies with similar commitment to the security of your health information.

#### **To Conduct Health Care Operations**

It is possible that health information will be disclosed during audits by insurance companies or government appointed agencies as part of their quality assurance and compliance reviews. Your health information may be reviewed during the routine processes of certification, licensing or credentialing activities, and accounting activities. It is also possible that health information will be disclosed to certain business associates with a HIPAA Business Associate Agreement with our office. These include our answering service and accountant.

**In Patient Reminders**

Because we believe regular care is very important to your oral and general health, we will remind you of a scheduled appointment or that it is time for you to contact us and make an appointment. Additionally, we may contact you to follow up on your care and inform you of treatment options or services that may be of interest to you or your family.

These communications are an important part of our philosophy of partnering with our patients to be sure they receive the best preventive and restorative care modern dentistry can provide. They may include postcards, folding postcards, letters and telephone reminders.

**Abuse or Neglect**

We will notify government authorities if we believe a patient is the victim of abuse, neglect or domestic violence. We will make this disclosure only when we are compelled by our ethical judgment, when we believe we are specifically required or authorized by law or with the patient's agreement.

**Public Health and National Security**

We may be required to disclose to Federal officials or military authorities health information necessary to complete an investigation related to public health or national security. Health information could be important when the government believes that the public safety could benefit when the information could lead to the control or prevention of an epidemic or the understanding of new side effects of a drug treatment or medical device.

**For Law Enforcement**

As permitted or required by State or Federal law, we may disclose your health information to a law enforcement official for certain law enforcement purposes, including, under certain limited circumstances, if you are a victim of a crime or in order to report a crime.

**Family, Friends & Caregivers**

We may share your health information with those you tell us will be helping you with your home dental hygiene, treatment, medications, or payment. We will be sure to ask your permission first. In the case of an emergency, where you are unable to tell us what you want, we will use our very best judgment when sharing your health information only when it will be important to those participating in providing your care.

**Authorization to Use or Disclose Health Information**

Other than what is stated above or where Federal, State or Local law requires us, we will not disclose your health information other than with your written authorization. You may revoke that authorization in writing at any time.

**Patient Rights**

This new law is careful to describe that you have rights related to your health information.

**Restrictions**

*You have the right* to request restrictions on certain uses and disclosures of your health information. Our office will make every effort to honor reasonable restriction preferences from our patients.

**Confidential Communications**

*You have the right* to request that we communicate with you in a certain way. You may request that we only communicate your health information privately with no other family members present or through mailed communications that are sealed. We will make every effort to honor your reasonable requests for confidential communications.

**Inspect Your Health Information**

*You have the right* to read, review and copy your health information, including your chart, x-rays, and billing records. We may need to charge you a reasonable fee and have adequate time to duplicate and assemble your copy. We do store radiographs electronically and conventionally and can send electronic copies. We currently do not store your health records electronically therefore it is not applicable to send electronic copies.

**Amend Your Health Information**

*You have the right* to ask us to update or modify your records if you believe your health information records are incorrect or incomplete. We will be happy to accommodate you as long as our office maintains this information. In order to standardize our process, please provide us with your request in writing and describe your reason for the change.

Your request may be denied if the health information record in question was not created by our office, is not part of our records or if the records containing your health information are determined to be accurate and complete.

**Documentation of Health Information**

*You have the right* to ask us for a description of how and where your health information was used by our office for any reason other than for treatment, payment or health operations. We may need to charge you a reasonable fee for your request.

**Fundraising**

We do not use anyone's health information for fundraising purposes.

**Breach of Unsecured Patient Health Information**

If there is a breach of unsecured Patient Health Information we have an obligation to notify our patients.

**Payment in Full**

If a patient pays in full for service out of pocket, you have the right to request our office not to disclose treatment information for this service to a health plan.

**Request a Paper Copy of this Notice**

*You have the right* to obtain a copy of this Notice of Privacy Practices directly from our office.

We are required by law to maintain the privacy of your health information and to provide to you and your representative this Notice of our Privacy Practices. We are required to practice the policies and procedures described in this notice but we do reserve the right to change the terms of our notice. If we change our privacy practices we will post a revised notice.

*You have the right* to express complaints to us or to the Secretary of Health and Human Services if you believe your privacy rights have been compromised. We encourage you to express to us any concerns you may have regarding the privacy of your information.